



## School and Childcare Exclusion List

### Official School and Child Care Exclusion List of Contagious or Communicable Diseases

**Statutory authority: SC Code of Laws Sections 44-1-140, 44-29-200; 63-13-180  
SC Code of Regulations Chapter 61-20 and Chapter 114, Article 5**

#### Requirements

South Carolina law requires schools to take measures to prevent the spread of disease in the school and childcare populations by limiting the attendance of students and staff with contagious or infectious diseases at school and school activities. [SC Regulation #61-20](#) requires DHEC to publish each year an Official School and Childcare Exclusion List of Contagious and Communicable Diseases, hereinafter referred to as the School and Childcare Exclusion List.

SC Law indicates that schools “on account of the prevalence of any contagious or infectious diseases or to prevent the spread of disease, may prohibit or limit the attendance of any employee or student at any school or school-related activities under its control.” SC Regulation states that schools, out-of-home childcare providers, and parents/guardians should not allow the attendance of children with “any contagious or infectious disease or syndrome requiring isolation” ... “if the disease or syndrome of the child or minor is on the Official School and Childcare Exclusion List of Contagious and Communicable Diseases.”

Students, employees, and staff (including volunteers) are also excluded from school or childcare attendance if they have been exposed to one or more of the conditions designated in these lists, until the return to school or childcare criteria are met.

The following updates were made to the School and Childcare Exclusion List:

#### Revisions June 2023:

- Added reference to sports or other school activities to the Guidance for Implementing the School and Childcare Exclusion List
- Added definition for respiratory illness outbreak to the Guidance for Implementing the School and Childcare Exclusion List
- Revised exclusion guidance for Coronavirus Infectious Disease 2019 (COVID-19) and removed COVID-19 related symptoms from exclusion list
- Simplified guidance for diarrheal illnesses; moved guidance for specific gastrointestinal illnesses to **Appendix A**
- Clarified exclusion criteria and revised when to report to public health for Fever
- Revised when to report Coronavirus Infectious Disease 2019 (COVID-19), Influenza/ Influenza-like Illness (ILI), RSV (Respiratory Syncytial Virus) to public health
- Revised exclusion criteria for Pinkeye (conjunctivitis)
- Revised exclusion criteria for Strep Throat
- Included “incompletely vaccinated” to *Exclusion Criteria for Contacts (Exposures)* for measles, mumps, rubella, and chicken pox
- Clarified exclusion criteria for contacts of Chicken Pox (Varicella) cases

**This update to the School and Childcare Exclusion List is effective June 2023.**

SC DHEC School/Childcare Exclusion List

## Guidance for Implementing the School and Childcare Exclusion List

1. The **School and Childcare Exclusion List** applies to the following groups of people in out-of-home childcare, (as defined in S.C. Code Ann. Section 63-13-20), and in any public, private, parochial, church or Sunday school (Reg 61-20).
  - Children and staff in out-of-home childcare settings;
  - Preschool/kindergarten students in grades 3K, 4K, and 5K;
  - Students in grades 1-12; and
  - School employees and staff (including volunteers) who have contact with students
2. **Parent Notification:** Schools and childcare providers are encouraged to distribute the list of conditions that require exclusion from school attendance to parents/guardians, and/or distribute parent brochures developed by DHEC. The list is also available at <https://scdhec.gov/health/child-teen-health/school-exclusion>.
3. **Parent Reporting to School:** Schools and childcare providers should inform parents/guardians that they must notify the school within 24 hours after the child has developed a known or suspected communicable illness addressed on the Exclusion List.
4. **Return to School:** Students, children and staff may return to the school as soon as their symptoms are resolved, unless stated otherwise in the Exclusion List or by their health care provider.
5. **Special Circumstances:** Immunocompromised or medically fragile children with an excludable condition or exposure may need longer periods of exclusion, subject to recommendations by their health care provider(s) or by DHEC. For the purposes of school exclusion, the term “medically fragile” refers to those students with special health care needs or developmental delays who require close assistance with feeding or other personal hygiene activities by which communicable illnesses may be easily spread. Nothing in these criteria precludes the exercise of the professional judgment of the local education agency, medical and/or nursing staff to protect the health of students.
6. **Sports or other school activities:** Children with illnesses spread by close contact, like lice, scabies, shingles, staph or strep skin infections may not be allowed to participate in some sports or physical education activities. Children with mononucleosis (Mono) or CMV may be told not to participate in Physical Education (PE) or sports in order to avoid injuries. Children with diarrhea may be restricted from participation in water activities like swimming, splash pads, or water tables.
7. **Exclusion criteria that vary** by age or grade level are indicated in the Exclusion List. “Young children” or “younger children” as indicated in the list are generally those in childcare, preschool, or kindergarten grades. When students are taught or routinely spend time in mixed age groups, the standards for the youngest children in the group apply. Conditions that do not require exclusion for school and/or childcare staff are indicated in the tables on the following pages.
8. **Notes/Documentation for Return:** A student may return to school as indicated in the tables that follow. Physicians, advanced practice registered nurses (APRNs), or physician assistants may provide medical notes for return to school following an excludable condition or DHEC may provide a release to return based on a negative test result or other circumstance. Medical notes, which document diagnosis, initiation of treatment, improvement in status, etc., and parent notes should be kept on file at the school for at least one calendar year, or as otherwise required by local school district policy. Medical notes may not shorten or abrogate the minimum period of exclusion required by DHEC for any specific condition.

## Guidance for Implementing the School and Childcare Exclusion List

**9. Period of Exclusion:** If a student does not respond to treatment for an excludable condition, the health care provider or health department may suggest longer periods of exclusion.

**10. Outbreaks:** Certain conditions within the School and Childcare Exclusion List have specific guidance detailing its criteria for an outbreak. For conditions without specific criteria establishing a threshold for when an outbreak situation exists, one should consider a possible outbreak situation when a group or setting experiences unusual occurrences or more than an expected number of cases for a specific condition. The regional public health office should be contacted/consulted if there is a concern or question regarding a potential outbreak at a school or childcare center. All outbreaks must be reported to DHEC.

**Note:** During outbreaks or under special circumstances, DHEC may change the length of an exclusion period, and also apply the exclusion criteria to other students, children and staff who are not confirmed by laboratory testing but who display the same symptoms of illness as lab-confirmed cases.

**11. Respiratory illness outbreak:** 20% or more of students/staff within a shared setting of more than 5 individuals (i.e., a classroom, sports team, or other epidemiologically linked group) absent or sent home due to a respiratory illness within a 72-hour period.

**12. Minor illnesses:** Conditions that generally do not result in severe illness but are transmissible, may affect a child's ability to participate in normal activities, and may require exclusion. Selected examples include conjunctivitis, fifth disease, hand-foot-mouth disease, scabies, and head lice. Consider consultation with a regional public health office for other conditions if there are questions about opening an investigation or initiating an outbreak response. Outbreaks of diarrheal illnesses (e.g., known or suspected Norovirus outbreaks) are investigated per applicable policies.

**13. Disease/Outbreak reporting to the Health Department and the Family Education Rights and Privacy Act (FERPA):** DHEC has determined that conditions reportable immediately or within 24 hours by phone, including all clusters or outbreaks of illnesses, fall under the FERPA allowance and exception of reporting illnesses without parental consent. Conditions that are reportable within 3 days may be reported to DHEC by name with parental consent or reported de-identified without parental consent.

**14. The requirement to report Immediately Reportable or Urgently Reportable (within 24 hours) conditions applies to physicians, laboratories, health facilities, and “any person or entity that maintains a database containing health care data.”** The List of Reportable Conditions may be accessed here: <https://scdhec.gov/health-professionals/south-carolina-list-reportable-conditions>

Children, students, and staff with the following conditions must be excluded until the criteria for return have been met and documentation has been provided as noted below:

Disease /Agent	Mode of Transmission	Contagious period	Report to Public Health	Exclusion	Documentation for Return
Chicken Pox (Varicella)	Airborne route or respiratory (droplet) route or by direct contact with drainage from blisters or nasal secretions	2 days before rash begins until the rash is crusted over	Report individual cases within 3 days  Report <a href="#">outbreaks</a> IMMEDIATELY by phone <sup>8</sup>  <i>(See footnote on page 20 for Chicken pox (Varicella) outbreak definition)</i>	Exclude individuals with rash until crusted over and no new lesions appear within a 24-hour period  <ul style="list-style-type: none"> <li><b>Breakthrough varicella</b>, which occurs in appropriately vaccinated persons, may appear just as a rash, without crusting. In these cases, exclude until 24 hours following appearance of last lesions</li> </ul> <i>* See page 20 for exclusion criteria for children, students and staff who are contacts of (exposed to) individuals with excludable conditions</i>	A parent note or staff statement that lesions have dried/crusted  Parent note or staff statement that lesions are fading/resolving, and no new lesions have appeared for 24-hours
Coronavirus Infectious Disease 2019 (COVID-19)	Respiratory and airborne routes or by face-to-face contact for a cumulative 15 minutes within a 24- hour period with infected individuals or objects	2 days prior to the onset of symptoms (or date of test specimen collection if no symptoms) to the end of the exclusion period	Report <a href="#">outbreaks</a> <sup>1</sup> within 72 hours  <i>(See Respiratory Illness Outbreak definition #11 on page 3)</i>	Exclude individuals with a positive viral test. <u>Criteria for return:</u> <ul style="list-style-type: none"> <li>At least 5 days since symptoms started <b>and</b></li> <li>24 hours since the last <a href="#">fever*</a> without using fever-reducing medication <b>—and—</b></li> <li>Symptoms are significantly improving</li> </ul> <i>*See Fever entry page 6</i>	At least 5 days after the start of symptoms and parent’s note that symptoms are significantly improving and there has been no <a href="#">fever*</a> in the past 24 hours without using fever-reducing medication

<sup>1</sup> Respiratory Illness outbreak worksheet available at [scdhec.gov/flu-schools-childcare-centers](https://scdhec.gov/flu-schools-childcare-centers)

Disease /Agent	Mode of Transmission	Contagious period	Report to Public Health	Exclusion	Documentation for Return
<p>Diarrhea<sup>2</sup> (Gastrointestinal illness, cause not identified or cause has not yet been determined)</p> <p>See <a href="#">Appendix A</a> (page 22) for known cause of diarrhea</p>	<p>Varies, often associated with poor toileting habits, food and drink, contaminated fomites, environmental exposures including animals and recreational water; may be bacterial, parasitic, or viral</p>	<p>Varies according to the causative agent</p>	<p>Report <a href="#">outbreaks</a> only</p> <p><i>(See outbreak definition # 10 on page 3)</i></p>	<p><b>Younger Students</b></p> <ul style="list-style-type: none"> <li>Exclude children in 5th grade or younger, with diarrhea until symptoms are resolved for at least 24 hours, or medical evaluation indicates that inclusion is acceptable</li> </ul> <p><b>Older Students and Staff</b></p> <ul style="list-style-type: none"> <li>Exclusion for diarrhea in 6th through 12th grade students or for school staff is not mandatory unless the person with diarrhea is determined to be contributing to the spread of illness in the school setting</li> </ul> <p><b>Special Circumstances for Diarrhea</b></p> <ul style="list-style-type: none"> <li>Exclude students of any age and staff with uncontrolled diarrhea or stools that contain blood or mucus, unless symptoms are associated with a non-infectious condition (e.g., IBS or Crohn's Disease). Return is permitted when symptoms are resolved, or medical evaluation indicates that inclusion is acceptable <ul style="list-style-type: none"> <li>Restrict recreational water activities (pools, splash pads, water tables, etc.) until diarrheal symptoms resolve</li> </ul> </li> </ul>	<p>Parent note</p>

<sup>2</sup> Diarrhea is defined as 3 or more loose or watery stools in a 24-hour period that are not associated with changes in diet.

Disease /Agent	Mode of Transmission	Contagious period	Report to Public Health	Exclusion	Documentation for Return
				<ul style="list-style-type: none"> <li>For diapered children or students of any age who require assistance with personal hygiene, exclude if the frequency or nature of the diarrheal episodes challenges the ability of the caregiver(s) to maintain sanitary techniques and/or conditions (diaper spillage or accidents in toilet trained children)</li> <li>Restrict recreational water activities (pools, splash pads, water tables, etc.) until 1 week after cessation of diarrhea</li> </ul>	
Fever	N/A	Dependent upon the cause of the fever	Report <a href="#">outbreaks</a> only  <i>(See outbreak definition # 10 on page 3)</i>	<p>Exclude if unexplained fever occurs in an infant who is younger than 4 months.</p> <p>Exclude any individual with temperature 100.4°F or higher</p> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>Fever is associated with behavior change or other signs of illness or other conditions that require exclusion</li> <li>The signs of illness are anything (other than the fever) that indicates the child's condition is different from what is usual when the child is healthy.</li> </ul>	<p>Parent note</p> <p>Students or staff can return to school if another diagnosis is determined by their healthcare provider</p>

Disease /Agent	Mode of Transmission	Contagious period	Report to Public Health	Exclusion	Documentation for Return
				<p><b>OR</b></p> <ul style="list-style-type: none"> <li>The child is unable to participate and staff members determine they cannot care for the child without compromising their ability to care for the health and safety of the other children in the group.</li> <li><b>In the childcare setting for infants up to 2 months of age:</b> <ul style="list-style-type: none"> <li>Fever (100.4°F or above rectally) in a child 2 months of age or younger requires <b>immediate medical attention</b></li> </ul> </li> </ul>	
<i>Haemophilus influenzae</i> type B (Hib)	Respiratory (droplet) route or by direct contact with contaminated objects	May be as long as bacteria is in the mouth or nose	Report within 24 hours	<p>Exclude infected individual until cleared by a health professional</p> <p>No exclusion is required for exposed students or staff</p>	Medical note documenting completion of antibiotic treatment, and clearance to return to school
Hand, foot, and mouth disease	<p>Direct contact with infected:</p> <ul style="list-style-type: none"> <li>Nose discharge</li> <li>Throat discharge</li> <li>Blisters</li> <li>Feces</li> </ul>	The virus may be shed for weeks to months in the stool after the infection starts; respiratory shedding of	<p>Report <a href="#">outbreaks</a> only</p> <p><i>(See outbreak definition # 10 on page 3)</i></p>	<p>Exclude while symptoms of <a href="#">fever*</a> or excessive drooling are present, which is typically during the first week of illness</p> <p><i>*See Fever entry page 6</i></p>	Parent note

Disease /Agent	Mode of Transmission	Contagious period	Report to Public Health	Exclusion	Documentation for Return
		the virus is usually 1-3 weeks			
Head lice (pediculosis) <sup>3</sup>	Direct contact with infected person or contaminated object	As long as live lice are present	Not reportable	<p>Exclude for:</p> <ul style="list-style-type: none"> <li>The presence of live, crawling lice visualized on direct inspection of the scalp, or</li> <li>The presence of nits (eggs) that appear to be ¼ inch (6 mm) or closer to the scalp</li> <li>Students identified with head lice can remain in the classroom until the end of the school day, with limitations placed upon activities that cause head-to-head contact or sharing of any headgear. Staff with head lice are excluded at the end of the school or childcare day if close head-to-head contact can be avoided during routine activities.</li> </ul> <p><b>Re-screening Recommendations for Head Lice:</b></p> <ul style="list-style-type: none"> <li>Persons who were excluded for pediculosis should be rescreened at 7-10 days after initial treatments</li> </ul>	Excluded persons may return with a parent note after one treatment with an over the counter or prescription lice elimination product and no active lice are observed crawling in the hair or after removal by combing or heat treatment methods <sup>4</sup>

<sup>3</sup> Ideally, head lice screening is performed by healthcare providers, including school health nurses, or by school health aides who have been trained by school nurses. [Students with evidence of infestation ) may be excluded per local school policies].

<sup>4</sup> Although not recommended, education agencies opting for more stringent “No Nit Policies” for school re-admission should explain their policies to families.



Disease /Agent	Mode of Transmission	Contagious period	Report to Public Health	Exclusion	Documentation for Return
				Rescreened persons who are found to have live crawling lice should be re-treated and excluded until screening identifies no live, crawling lice on the scalp	
Hepatitis A virus infection	Fecal-oral route through direct person-to- person contact or contaminated fomites, by ingestion of contaminated food or water	Most infectious in the 2 weeks before onset of signs or symptoms, the risk is <u>minimal</u> after the onset of jaundice	Report within 24 hours by phone	Exclude individuals until 1 week after onset of illness or jaundice or date of positive specimen collection in asymptomatic, unvaccinated children.	Medical note documenting diagnosis and more than one week since onset
Impetigo ( <i>Streptococcal Staphylococcal</i> bacteria)	By infection of skin opening, or by contact with skin sores of an infected person	Until treatment with antibiotics for 24 hours or lesions crusted	Not Reportable	Exclude individuals until 24 hours after antibiotic treatment has been initiated or as long as lesion is draining AND cannot be covered with a watertight dressing	Parent note or staff statement indicating antibiotic therapy has been initiated for 24 hours

Disease /Agent	Mode of Transmission	Contagious period	Report to Public Health	Exclusion	Documentation for Return
Influenza/ Influenza-like Illness (ILI) <i>(ILI is defined as an oral temperature of &gt; 100° F with a cough and/or sore throat for which there is no other known cause)</i>	Airborne and respiratory (droplet) routes, or by contact with infected individuals or objects	One day before symptom onset until at least 7 days after onset	Report <a href="#">outbreaks</a> <sup>5</sup> within 72 hours  <i>(See Respiratory Illness Outbreak definition #11 on page 3)</i>	Exclude individuals until at least 24 hours after <a href="#">fever*</a> has resolved without the use of fever-reducing medicines  <i>*See Fever entry page 6</i>	Parent note or staff statement that <a href="#">fever*</a> has resolved for at least 24 hours without the use of fever reducing medications
Measles ( <i>Rubeola</i> )	Airborne and respiratory (droplet) routes	1-2 days before signs and symptoms appear until 4 days after rash	Report IMMEDIATELY by phone	Exclude individuals until 4 days after onset of rash and cleared by health care provider  <i>*See page 19 for exclusion criteria for children, students and staff who are contacts of (exposed to) individuals with excludable conditions</i>	Medical note documenting at least 4 days since onset of illness
Meningitis (Bacterial) <ul style="list-style-type: none"> <li><i>Neisseria Meningitides</i> (meningococcal)</li> <li><i>Haemophilus influenza</i> (h. flu)</li> <li><i>Streptococcus pneumonia</i> (pneumococcal)</li> </ul>	Contact with respiratory secretions or contact with contaminated objects	Until after 24 hours of antibiotics	Report IMMEDIATELY by phone	Exclude as soon as meningitis is suspected and until cleared by a healthcare provider. Refer to medical attention promptly for any combination of multiple symptoms of <a href="#">fever*</a> , headache, stiff neck, irritability, or photophobia. Special attention should be made to a rash that is non-blanching and has small red or purple spots on the skin caused by bleeding under the skin. Re- admit when cleared by a health care professional	Medical note documenting that the affected person is non-contagious

<sup>5</sup> Respiratory Illness outbreak worksheet available at <https://scdhec.gov/flu-schools-child-care-centers>

Disease /Agent	Mode of Transmission	Contagious period	Report to Public Health	Exclusion	Documentation for Return
				*See page 18 for exclusion criteria for children, students and staff who are contacts of (exposed to) individuals with excludable conditions – Neisseria meningitides (Meningococcal)	
Meningitis (Viral)	Environmental exposure to respiratory secretions of an infected individual or by poor toileting habits	Shedding of virus in feces can continue for several weeks or the respiratory tract for a week or less	Report IMMEDIATELY by phone	Exclude individuals as soon as meningitis is suspected and until bacterial meningitis is ruled out	Medical note documenting that the affected person is non-contagious

Disease /Agent	Mode of Transmission	Contagious period	Report to Public Health	Exclusion	Documentation for Return
Mouth sores— herpes simplex, canker sores, and thrush (also see hand, foot, and mouth disease)	Exposure to an infectious agent	Varies by the infectious agent	Report <a href="#">outbreaks</a> only  <i>(See outbreak definition # 10 on page 3)</i>	Exclude young children for sores, including mouth ulcers and blisters, inside the mouth associated with uncontrolled drooling, unless the child’s health care provider states that the child is noninfectious  Do not exclude individuals with cold sores (herpes simplex virus). Encourage good hand hygiene practices and avoid touching lesions.	Parent note
Mumps	Respiratory (droplet) route or contact with infected individuals or contaminated objects	1-2 days before to 5 days after the swelling of glands	Report within 24 hours by phone	Exclude individuals until 5 days after onset of parotid gland swelling  <i>* See page 19 for exclusion criteria for children, students and staff who are contacts of (exposed to) individuals with excludable conditions</i>	Medical note documenting at least 5 days since onset of parotid gland swelling
Pinkeye (Conjunctivitis) Purulent or Non-purulent	Contact with discharge from eyes, nose, or mouth of an infected individual or contaminated hands or shared objects	Bacterial: while symptoms are present or until treatment is started  Viral: while signs and symptoms are present and for days	Report <a href="#">outbreaks</a> only  <i>(See outbreak definition # 10 on page 3)</i>	Exclude symptomatic individuals who have <a href="#">fever*</a> , severe eye pain, copious amounts of drainage, or are too sick to participate in routine activities  <i>*See Fever entry page 6</i>	Parent note or staff statement that exclusion criteria has resolved  Antibiotics are not required to return

Disease /Agent	Mode of Transmission	Contagious period	Report to Public Health	Exclusion	Documentation for Return
		to weeks after the onset of signs and symptoms			
Rash with <a href="#">fever*</a> and behavioral change associated with severe diseases (such as Meningitis, Chicken Pox, Measles, and other communicable diseases)	Varies depending upon the infectious agent	Varies depending upon the infectious agent	Report <a href="#">outbreaks</a> only  <i>(See outbreak definition # 10 on page 3)</i>	Exclude individuals until a health care provider has determined that the illness is not a communicable disease	Medical note documenting evaluation, non-communicability
RSV (Respiratory Syncytial Virus)	Respiratory (droplet) route or contact with infected individuals or contaminated objects	Shed for 3-8 days for children and adults  May shed for 3-4 weeks in young infants and in immuno-suppressed individuals	Report <a href="#">outbreaks</a> within 72 hours  <i>(See Respiratory Illness Outbreak definition #11 on page 3)</i>	Exclude individuals with RSV if the child has a <a href="#">fever*</a> or if the child is too sick to participate in activities with other children and staff  <i>*See Fever entry page 6</i>	Parent note

Disease /Agent	Mode of Transmission	Contagious period	Report to Public Health	Exclusion	Documentation for Return
Ringworm (Tinea)  Ringworm of the Scalp ( <i>Tinea capitis</i> )  Ringworm of the Body ( <i>Tinea corporis</i> )	Contact with infected individuals, animals or contact with contaminated objects	Infectious as long as fungus is in the skin lesion  Once treatment begins the individual is no longer infectious	Not reportable	Exclude all individuals at the end of the day as long as the affected area can be covered <ul style="list-style-type: none"> <li>Ringworm of the scalp (<i>Tinea capitis</i>) requires oral antifungal treatment</li> <li>Ringworm of the body (<i>Tinea corporis</i>) requires topical treatment</li> </ul>	Parent or staff note that treatment has been initiated
Rubella (German Measles)	Respiratory (droplet) route or contact with infected individual or contaminated objects	May be spread 7 days before to 7 days after the rash appears	Report within 24 hours by phone	Exclude individuals until 7 days after onset of rash  Congenital Rubella: Exclude until 1 year of age unless the child is older than 3 months of age AND, after age 3 months, has had two negative PCR tests for rubella at least one month apart.  <a href="#">*See page 20 for exclusion criteria for children, students and staff who are contacts of (exposed to) individuals with excludable conditions</a>	Medical note documenting at least 7 days since onset of rash
Scabies	Close person to person contact, or contact with infected objects	Until treatment is completed	Report <a href="#">outbreaks</a> only  (See outbreak definition # 10 on page 3)	Exclude individuals until after appropriate scabicial treatment has been completed (usually overnight)	Medical note documenting evaluation and completion of therapy

Disease /Agent	Mode of Transmission	Contagious period	Report to Public Health	Exclusion	Documentation for Return
Shingles (Varicella Herpes Zoster)	<p>Contact with fluid from vesicular lesions</p> <p><b>For those that are immunocompromised:</b> Airborne and contact with fluid from vesicular lesions</p>	Until blisters are scabbed over		Exclude individuals if lesions cannot be covered, until lesions are crusted, and no new lesions appear within a 24-hour period	Parent note or staff statement indicating any uncovered lesions have dried/crusted
Skin lesions (including Staphylococcal and Streptococcal skin and soft tissue infections, MRSA, Herpes Gladiatorum, etc.)	Contact with infected person or contaminated objects	Varies by infectious agent and treatment	<p>Report <a href="#">outbreaks</a> only</p> <p><i>(See outbreak definition # 10 on page 3)</i></p>	<p>Exclude individuals only if skin lesions are draining and cannot be covered, or if the covering cannot be maintained because drainage is soaking through the coverage.</p> <p>Carrier Status: Having a MRSA infection or harboring MRSA bacteria (being a carrier) is not a reason for exclusion.</p>	Not required
Strep Throat (Streptococcal pharyngitis)	Respiratory (droplet) route or contact with contaminated objects	Infectious until treated with appropriate antibiotic	<p>Report <a href="#">outbreaks</a> only</p> <p><i>(See outbreak definition # 10 on page 3)</i></p>	<p>Exclude individuals until <a href="#">without fever*</a> <b>AND</b> at least 12 hours after treatment has been initiated</p> <p><i>*See Fever entry page 6</i></p>	Medical note documenting initiation of treatment, with parent note of afebrile status

Disease /Agent	Mode of Transmission	Contagious period	Report to Public Health	Exclusion	Documentation for Return
TB (Tuberculosis) (Suspect or confirmed TB- cough with bloody phlegm greater than 3 weeks, unexplained weight loss, fever, or night sweats greater than 3 weeks)	Airborne route	Varies with progression and severity of illness	Report within 24 hours by phone	Exclude individuals with active (infectious) TB, until the local health department authority or treating infectious disease physician states that the individual is noninfectious	The health department or infectious disease physician must clear the student or staff member for return to school
Vomiting	Varies with cause	Varies with cause	Report <a href="#">outbreaks</a> only  (See outbreak definition # 10 on page 3)	<p>Exclude individuals for vomiting</p> <ul style="list-style-type: none"> <li>• 2 or more times during the previous 24 hours without a known condition for which there is a care plan, or</li> <li>• for vomiting and <a href="#">fever*</a></li> </ul> <p><i>*See Fever entry page 6</i></p> <p>Special Circumstance for vomiting:</p> <ul style="list-style-type: none"> <li>• Exclude and refer for medical attention anyone with vomit that appears green and bloody, vomiting after recent head injury, vomiting and no urine output for 8 hours, or who appears very ill during vomiting episodes for prompt medical evaluation</li> </ul> <p>No exclusion is required for a brief, non-repeating episode of vomiting with no other signs of severe illness</p>	Readmit children when parent note stating vomiting has resolved, the child has remained fever- free for at least 24 hours without fever-reducing medication, and the child is able to remain hydrated and participate in activities



Disease /Agent	Mode of Transmission	Contagious period	Report to Public Health	Exclusion	Documentation for Return
Whooping Cough (Pertussis)	Respiratory (droplet) route	<p>From the beginning of symptoms until 3 weeks after the cough begins</p> <p>Infants with no vaccinations can be infectious for over 6 weeks</p>	<p>Report individual cases within 24 hours by phone</p> <p>Report <a href="#">outbreaks</a> IMMEDIATELY by phone</p>	<p>Exclude until completion of 5 days of macrolide antimicrobial therapy, such as azithromycin or erythromycin</p> <p>No exclusion is required if the person is initially diagnosed with pertussis past the infectious period (21 days or more after cough onset, or 6 weeks after cough onset for infants)</p> <p><i>* See page 19 for exclusion criteria for children, students and staff who are contacts of (exposed to) individuals with excludable conditions</i></p>	<p>Medical note documenting macrolide antibiotic prescribed with parent note or employee/staff statement of completion of 5 days of antibiotics</p>

**Exclusion criteria for children, students and staff who are contacts of (exposed to) individuals with excludable conditions<sup>6</sup>**

<i>Exclusion Criteria for Contacts (Exposures)</i>	<b>Documentation for Return</b>
<p><b><i>Neisseria meningitides</i> (Meningococcal):</b></p> <p>Exclude close contacts to <i>Neisseria meningococcal</i> (meningococcal disease) cases until antimicrobial treatment has been initiated.</p>	<p>Medical note documenting initiation of antimicrobial therapy</p>
<p><b>Whooping cough (Pertussis):</b></p> <p>Contacts do not need to be excluded. If <u>close contacts to pertussis cases are identified who are coughing or have other symptoms of pertussis, they are considered suspect cases.</u></p> <p>Contacts with cough illness are excluded as suspect cases:</p> <ul style="list-style-type: none"> <li>a) until after 5 days of appropriate antimicrobial therapy, or</li> <li>b) if no antibiotics are given, until 21 days after last contact with an infected person, or</li> <li>c) until a health care provider clears the child or employee to return to school.</li> </ul>	<p>Medical note indicating the symptomatic contact is cleared to return to school or childcare or that student/employee has met one of the criteria at left.</p> <p>Parent report if returning to school 21 or more days after last contact.</p>

<sup>6</sup> Exclusion may be indicated for contacts to other conditions when recommended by DHEC or the student's or employee/staff member's healthcare provider.

Exclusion Criteria for Contacts (Exposures)	Documentation for Return
<b>Unvaccinated and incompletely vaccinated students and staff</b> without documentation of immunity or natural disease must be excluded if exposed to the following conditions as indicated below <sup>7</sup> :	
<ul style="list-style-type: none"> <li> <b>Measles:</b>            Exclude exposed students and household school aged contacts that have not been vaccinated against measles for 21 days after onset of rash in last case of measles in the affected school or community.            Staff born in 1957 or later who cannot provide documentation of 1 dose of measles vaccine on or after their first birthday, or laboratory evidence of immunity should be excluded for 21 days after onset of rash in last case of measles in the affected school or community.            Pregnant students and staff should not receive MMR vaccine but may be eligible for intravenous immune globulin (IVIG).            DHEC is available to provide consultation on vaccinating children 6-11 months of age who are exposed to measles.         </li> </ul>	Individuals without previous measles vaccination may be readmitted to school immediately after receiving measles-containing vaccine (if received within 72 hours of exposure to case) or measles immunoglobulin (if received within 6 days of exposure). Contact the regional public health office regarding previously unimmunized persons who receive vaccine or immunoglobulin after the above time frames.
<ul style="list-style-type: none"> <li> <b>Mumps:</b>            Exclude exposed students who have not been vaccinated against mumps until they receive at least one dose of mumps-containing vaccine. If they have an immunization exemption, continue to exclude them until the health department determines that it is safe for them to return. This will typically be for 25 days after the onset of parotitis in the last person with mumps in the affected school.            Staff born in 1957 or later who cannot provide documentation of 2 doses of mumps vaccine on or after their first birthday, or laboratory evidence of immunity should be excluded for 25 days after the onset of parotitis in the last person with mumps in the affected school or facility.            Pregnant students and staff should not receive MMR vaccination.         </li> </ul>	Unvaccinated persons receiving their first dose of mumps-containing vaccine as part of outbreak control may be readmitted immediately to the school or childcare facility.

<sup>7</sup> DHEC should be consulted immediately about pregnant, unvaccinated, or immunocompromised students or staff who are exposed to measles, mumps, rubella, or varicella.

Exclusion Criteria for Contacts (Exposures)	Documentation for Return
<ul style="list-style-type: none"> <li> <b>Rubella:</b>  Exclude exposed students who have not been vaccinated against rubella for 21 days after the onset of rash in the last person with rubella in the affected school or community. Exclude exposed students older than age 6 who have received only one dose of vaccine, until they have received one additional dose of rubella or MMR vaccine.  Staff born in 1957 or later who cannot provide documentation of 2 doses of rubella vaccine on or after their first birthday, or laboratory evidence of immunity, should be excluded for 21 days after the onset of rash in the last person with rubella in the affected school or community.  Pregnant students and staff should not receive MMR or rubella vaccination. </li> </ul>	Unvaccinated persons receiving their first dose of rubella-containing vaccine as part of outbreak control may be readmitted immediately to the school or childcare facility.
<ul style="list-style-type: none"> <li> <b>Chicken pox (Varicella):</b>  When a case has been identified, exclude exposed students and staff who are unvaccinated/incompletely vaccinated and have no history of varicella documented by a health care provider. The exclusion period would be from the 8<sup>th</sup> day since first exposure to the rash through day 21 after exposure to the rash.   <u>In outbreaks</u><sup>8</sup>, exclude students and staff who are unvaccinated or incompletely vaccinated, and have no documented history of varicella infection from the identification of the case or the start of the outbreak (or day that it is first recognized) until day 21 after the onset of rash in the last person diagnosed with Varicella in the affected school<sup>9</sup>.   Students and staff who are contacts to varicella cases may return immediately following receipt of varicella vaccine. Pregnant students and staff should not receive Varicella vaccination. They may be eligible for Varicella Zoster Immune Globulin (VZIG). </li> </ul>	Unvaccinated and incompletely vaccinated students and staff receiving their first or second dose of varicella vaccine after exposure to a varicella case may be readmitted immediately to the school or childcare facility.

<sup>8</sup> An outbreak of Chicken pox (Varicella) is defined as 3 or more cases within 6 weeks in a common setting, such as school, childcare, community, or institutional setting.

<sup>9</sup> Mild break-through cases of Chicken pox (Varicella) (occurring in immunized persons) are generally considered less infectious than cases in unvaccinated persons. Consult with DHEC as needed for exclusion guidance in ongoing outbreaks of Chicken pox (Varicella) or if/when exclusion may be extended past one incubation period (i.e., over 21 days).

**Children in childcare and students in school with the following conditions are not typically excluded, so long as they are healthy enough to participate in routine activities:**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Canker Sores</li> <li>• Chronic Hepatitis B or C infection</li> <li>• Colds: Exclusion is not warranted even if illness is associated with green or yellow nasal discharge, as long as the student does not have a <a href="#">fever*</a> or any of the other excludable symptoms described in this document.</li> <li>• Cold sores</li> <li>• Cough not associated with an infectious disease or a fever.</li> <li>• Croup</li> <li>• Cytomegalovirus (PE and sports exclusions may apply)</li> <li>• Diseases spread by mosquitos: Malaria, West Nile Virus</li> <li>• Diseases spread by ticks: Babesiosis, Ehrlichiosis, Lyme Disease, Rocky Mountain Spotted Fever, Tularemia</li> </ul> | <ul style="list-style-type: none"> <li>• Ear infection</li> <li>• Fifth Disease (Parvovirus B19 infection), once the rash has appeared and the child no longer has a fever*</li> <li>• HIV infection</li> <li>• Mononucleosis (PE and sports exclusions may apply)</li> <li>• MRSA carrier or colonized individual, with covered lesions</li> <li>• Pinworms</li> <li>• Rash, without fever or behavior change</li> <li>• Roseola, once the fever* is gone</li> <li>• Thrush</li> <li>• Urinary Tract Infection</li> <li>• Warts, including Molluscum contagiosum</li> <li>• Yeast Diaper Rash</li> </ul> |
|--|---|

*\*See Fever entry page 6*

## Appendix A

Additional exclusions and restrictions may apply if the student or staff has been diagnosed with any of the illness listed

[illegible]

Disease /Agent	Exclusion	Documentation for Return
<i>Giardia</i>	<p>Exclude until diarrheal symptoms are resolved for at least 24 hours.</p> <p>Restrict recreational water activities (pools, splash pads, water tables, etc.) until 1 week after diarrheal symptoms resolve</p>	Parent note or staff statement that diarrhea has resolved for 24 hours
Norovirus	Exclude until asymptomatic (diarrhea and/or vomiting have ceased for at least 24 hours)	A parent note or staff statement that diarrhea and/or vomiting have resolved for 24 hours
<i>Salmonella</i> Typhi (Typhoid fever)	<p><b>Children under the age of 5 or staff in out-of-home childcare or students under the age of 5 in kindergarten:</b></p> <ul style="list-style-type: none"> <li>Exclude until diarrheal symptoms are resolved for at least 24 hours AND three consecutive stool cultures or culture independent diagnostic tests collected at 24-hour intervals are negative for <i>Salmonella</i> Typhi <ul style="list-style-type: none"> <li>If antibiotics were prescribed, stool specimens must be collected at least 48 hours after the antibiotics are completed</li> </ul> </li> </ul>	Documentation of 3 negative test results





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## How to Report Tuberculosis

Report to the public health office (listed below) in the region in which the patient resides.

### Lowcountry

**Berkeley, Charleston, Dorchester**

Office: (843) 719-4612

Fax: (843) 308-0324

**Allendale, Bamberg, Beaufort,  
Calhoun, Colleton, Hampton, Jasper,  
Orangeburg**

Office: (843) 549-1516 ext. 222

Fax: (843) 308-0324

### Midlands

**Chester, Kershaw, Lancaster,**

**Newberry, Saluda, York**

Office: (803) 909-7358

Fax: (803) 327-9847

**Aiken, Barnwell, Edgefield, Fairfield,  
Lexington, Richland**

Office: (803) 576-2870

Fax: (803) 576-2880

### Pee Dee

**Dillon, Georgetown, Horry, Marion**

Office: (843) 915-8798

Fax: (843) 915-6504

**Chesterfield, Clarendon, Darlington,  
Florence, Lee, Marlboro, Sumter,  
Williamsburg**

Office: (843) 673-6693

Fax: (843) 673-6670

### Upstate

**Cherokee, Oconee, Pickens,**

**Spartanburg, Union**

Office: (864) 596-2227 ext. 108

Fax: (864) 596-3340

**Abbeville, Anderson, Greenwood,  
Greenville, Laurens, McCormick**

Office: (864) 372-3198

Fax: (864) 282-4294

**Nights/Weekends/Holidays: (803) 898-0558 Fax: (803) 898-0685**

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## How to Report Other Conditions

Report **Immediate** conditions by phone and **Urgent** conditions within 24 hours by phone or by electronic notification. Report all other conditions electronically\* or by mail within 3 days to the appropriate public health office in the region in which the patient resides. \*Email **SCIONHelp@dhec.sc.gov** for details on electronic notification. The **SCIONHelp** email may not be used for case reporting.

### Immediate and Urgent Reporting (TELEPHONE)

#### Lowcountry

**Allendale, Bamberg, Beaufort,  
Berkeley, Calhoun, Charleston,  
Colleton, Dorchester, Hampton, Jasper,  
Orangeburg**

3685 Rivers Avenue, Suite 201  
North Charleston, SC 29405

Office: (843) 441-1091

Fax: (843) 953-0051

**Nights/Weekends: (843) 441-1091**

#### Midlands

**Aiken, Barnwell, Chester, Edgefield,  
Fairfield, Lancaster, Lexington,  
Kershaw, Newberry, Richland, Saluda,  
York**

2000 Hampton Street  
Columbia, SC 29204

Office: (888) 801-1046

Fax: (803) 251-3170

**Nights/Weekends: (888) 801-1046**

#### Pee Dee

**Clarendon, Chesterfield, Darlington,  
Dillon, Florence, Georgetown, Horry,  
Lee, Marion, Marlboro, Sumter,  
Williamsburg**

1931 Industrial Park Road  
Conway, SC 29526

Office: (843) 915-8886

Fax: (843) 915-6506

**Nights/Weekends: (843) 409-0695**

#### Upstate

**Abbeville, Anderson, Cherokee,  
Greenville, Greenwood, Laurens,  
McCormick, Oconee, Pickens,  
Spartanburg, Union**

352 Halton Road  
Greenville, SC 29607

Office: (864) 372-3133

Fax: (864) 282-4373

**Nights/Weekends: (864) 423-6648**